## PART B - FEE(S) TRANSMITTAL

appropriate All further	correspondence includired below or directed other	or the Patent advance of	orders and notification of (a) specifying a new corre	maintenance fe spondence add	es will be ma ress; and/or (b	iled to the current  i) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
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			_ (	Claire Wi	imberly		(Depositor's name)	
			Claure Windorth			(Signature)		
			[·	June 24,	2008	$\sigma$	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	2	ATTORN	EY DOCKET NO.	CONFIRMATION NO.	
10/804,331	03/19/2004		Jonathan F. Smith			9368-5	7017	
TITLE OF INVENTION	: ALPHAVIRUS REPLI	ICONS AND HELPER (		·			<del></del>	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID I	SSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0		\$1740	07/22/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
BLUMEL, BENJAMIN P		1648	424-218100	_				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Myers Bigel Sibley & Sajovec, P.A.					
			THE PATENT (print or ty	• •				
recordation as set forth	h in 37 CFR 3.11. Com	ified below, no assigned pletion of this form is NO	OT a substitute for filing ar	assignment.			ocument has been filed for	
(A) NAME OF ASSIC		(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
AlphaVax,	Research Triangle Park, North Carolina							
Please check the appropri	iate assignee category or	categories (will not be p	printed on the patent):	Individual	Corporation	or other private gre	oup entity Government	
	are submitted:  fo small entity discount p	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0220 (enclose an extra copy of this form).						
5. Change in Entity State								
	s SMALL ENTITY state		☐ b. Applicant is no lo	-				
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Authorized Signature		of hills		DateJ	une 24,	2008		
	e Mary L. Mil	Registration No. 39,303						
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